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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none *gpp*

\*\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none *gpp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Samuel J. Smith</i> Examiner's Signature	<i>SA</i> Initials			

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## TITLE

Electronic imaging system having a sensor for correcting perspective projection distortion

<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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